

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/10/0066

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				1		1
4				1		1
5			1		1	
6			1		1	
7			1		1	
8		1	1	1	1	
9		1	1	1	1	
10		1	1	1	1	
11		1	1	1	1	
12		1	1	1	1	
13		1	1	1	1	
14		1	1	1	1	
15		2	2	2	2	
16	1		1		1	
17		2		2	2	
18		2		2	2	
19		2		2	2	
20	1		1		1	
21		1	1	1	1	
22		1	1	1	1	
23	1		1		1	
24		1	1	1	1	
25		1	1	1	1	
26	1		1		1	
27		1	1	1	1	
28	1		1		1	
29	1		1		1	
30		1		1	1	
31		2		2	2	
32	2		2		2	
33	2		2		2	
34	2		2		2	
35	2		2		2	
36	2		2		2	
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39	2		2		2	
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TOTAL IND.		9		9		
TOTAL DEP.	41		41			
TOTAL CLAIMS	50		50			

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			